

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Eric J. Holcomb
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Respiratory Care Practitioner Renewal

Your Respiratory Care Practitioner license in the state of Indiana is expired. To renew, please complete this document in its entirety and submit it with the renewal fee of \$100 to the PLA office address. Make check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to questions 1-6 below send a detailed statement regarding the response with your renewal form. Please read all questions carefully as they may have changed since the previous renewal.

LICENSEE INFORMATION: Enter all information in the boxes below.

Licensee Name	License Number	Expiration Date	Renewal Fee Included: \$100
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

QUESTIONS

1. Since you last renewed, has any healthcare license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state or U.S. territory?	YES NO
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state or U.S. territory?	YES NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state or U.S. territory?	YES NO
4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action?	YES NO
5. Since you last renewed, have you been denied staff membership or privileges in any hospital or clinic or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?	YES NO
6. Since the time of your license expiration, have you engaged in the practice of Respiratory Care in the State of Indiana?	YES NO

Pursuant to IC 12-32-15 and IC 12-32-1-6, I swear under the penalty of perjury that:

<input type="checkbox"/> I am a United States Citizen	<input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641)
---	--

LICENSEE AFFIRMATION

I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal, understand the Indiana Respiratory Care Committee statutes and rules and have answered the questions true to the best of my knowledge.	
Signature of Licensee	Date (month, day, year)

Visit www.pla.in.gov for additional information regarding your registration.

If you have any questions for the Respiratory Care Committee please email pla14@pla.in.gov or call 317-234-8800.

FOR OFFICE USE ONLY

Renewal Fee	Receipt No.	Date
-------------	-------------	------